



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2011 Application & Program Guidance

November 2010

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
5600 Fishers Lane
Rockville, Maryland 20857

For Questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), or email CallCenter@hrsa.gov, Monday through Friday (except Federal holidays) 9:00am to 5:30 pm EST.

Frequently Asked Questions are available online at <http://answers.hrsa.gov/>

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended
Future changes in the governing statute, implementing regulations and Program Guidances may also be applicable to National Health Service Corps Loan Repayment Program participants.*

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Privacy Act Notification Statement

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254l-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended.

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank reports).

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses (see <http://www.hrsa.gov/privacyact/sorn/09150037.htm>).

The name of an NHSC LRP participant, discipline, specialty, business address, telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0217. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

Program Overview

INTRODUCTION

What is the National Health Service Corps (NHSC) Loan Repayment Program (LRP)?

The NHSC LRP is administered by the Bureau of Clinician Recruitment and Service (BCRS) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP recruits fully-trained primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) identified by the Secretary of HHS. HPSAs can be found in rural and urban communities across the nation. In return, the NHSC LRP assists clinicians in their repayment of outstanding qualifying educational loans.

The NHSC seeks clinicians who demonstrate the characteristics for and an interest in serving the nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to HPSA populations, not the repayment of educational loans, is the primary purpose of the NHSC LRP.

What are the benefits of the NHSC LRP?

- (1) **Service.** By joining the thousands of NHSC participants across the country, you have an opportunity to provide primary health care services to communities in need.
- (2) **Loan Repayment.** The NHSC LRP will provide funds to participants to repay their outstanding qualifying educational loans. Loan repayments are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act. Program options include:
 - a. **Full-Time Clinical Practice.** The NHSC will pay up to \$60,000* for an initial 2 years of full-time clinical service defined as no less than 40 hours per week, for a minimum of 45 weeks a year.
 - b. **Half-Time Clinical Practice.** The NHSC LRP is now open to clinicians who wish to serve in a half-time capacity. Half-time clinical practice is defined in statute as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per year. Those interested in applying for the half-time option may choose to receive either:
 - i. Up to \$60,000* in loan repayments for an initial four (4)-year, half-time service commitment; or
 - ii. Up to \$30,000* in loan repayments for an initial two (2)-year, half-time service commitment.

* If a participant's outstanding balance of qualifying educational loans is less than the stated amount, the NHSC LRP will pay the remaining balance of the total qualifying educational loans.
- (3) **Additional Loan Repayment Awards.** An NHSC LRP participant may be eligible to continue loan repayment beyond the initial contract, one year at a time, and pay off all qualifying educational loans. To remain eligible, the individual must have unpaid qualifying educational loans, have applied all previously received NHSC LRP payment to reduce his/her qualifying educational loans, continue to serve at an NHSC-approved site, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. There is no

guarantee that a participant will receive a continuation contract for continued participation in the program beyond the initial contract. Continuation contracts will be made at the Government's discretion and are subject to the availability of appropriated funds.

Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for the application to delinquent Federal and State debts, including delinquent child support payments.

ELIGIBILITY REQUIREMENTS, QUALIFICATION FACTORS and FUNDING PREFERENCES

Am I eligible?

To be eligible for loan repayment, all applicants must:

- (1) Be a U.S. citizen (either U.S. born or naturalized) or U.S. National;
- (2) Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children's Health Insurance Programs, as appropriate;
- (3) Not have any outstanding service obligation for health professional service to the Federal government (e.g., an active military obligation, an NHSC Scholarship Program obligation or a Nursing Education Loan Repayment Program obligation) or a State (e.g., a State Loan Repayment Program obligation) or other entity (e.g., a recruitment bonus that obligates you to remain employed at a certain site), unless the obligation would be completed prior to receipt of the NHSC LRP award (see below for exception for members of a Reserve component of the Armed Forces or National Guard);

EXCEPTION: Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC LRP. Reservists should understand the following:

- Placement opportunities may be limited by the NHSC in order to minimize the impact that a deployment would have on the vulnerable populations served by the reservist.
- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed approximately 7 weeks per service year, the participant should request a suspension of his/her service obligation. The NHSC LRP service obligation end date will be extended to compensate for the break in NHSC service.
- If the approved NHSC service site where the reservist is serving at the time of his/her deployment is unable to reemploy that reservist, the NHSC will reassign the participant to another NHSC-approved service site to complete his or her remaining NHSC service commitment. Because it is sometimes difficult to identify short-term assignments, a participant may be asked by the service site to sign an employment contract which extends beyond the completion date of his or her NHSC service commitment.

- (4) Not be in breach of a health professional service obligation to the Federal, State or local government;
- (5) Not have any judgment liens arising from Federal debt;
- (6) Not be excluded, debarred, suspended, or disqualified by a Federal agency; AND
- (7) Submit a complete application that is received on or before May 26, 2011.

Am I Qualified?

NHSC LRP applicants that have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, may not be selected:

- (1) Default on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means;
- (2) Failure to apply all NHSC LRP funds previously received toward the applicant's qualifying educational loans;
- (3) Default on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans (such as student or home mortgage loans, etc.)), or non-Federal payment obligations (e.g., court-ordered child support payments); OR
- (4) Write off of any Federal or non-Federal debt as uncollectible.

Please be advised that a credit check will be performed as part of the application review process.

NHSC LRP applicants must demonstrate satisfactory professional competence and conduct and meet discipline and specialty-specific education, training and licensure requirements, as described below.

Applicants who intend to practice under the NHSC LRP as (i) Federal employees, (ii) Federal contractors, or (iii) employees of a tribal health program (see Definitions) in a state in which the tribal health program provides services described in its contract/compact must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a State. All other applicants must be licensed, as set forth below, in the State where their NHSC-approved service site is located. The NHSC LRP reserves the right to request documentary proof of completion of discipline-specific advance training (residency, certification, fellowships, etc.), licensure status, and any other requirements set forth below.

Please be advised that a National Practitioner Data Bank report and a Healthcare Integrity and Protection Data Bank report will be obtained as part of the application review process.

(1) Primary Medical Care

a. *Allopathic (MD) or Osteopathic (DO) Physicians* must have:

- i. Certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association
-OR-

Completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; AND

- ii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the State in which they intend to practice under the NHSC LRP.

The primary care specialties for physicians are family medicine, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, and psychiatry. Although psychiatrists must meet the above qualifications for physicians, psychiatrists must serve exclusively in mental health HPSAs.

b. *Primary Care Physician Assistants (PAs)* must have:

- i. A certificate of completion or an associate, bachelor's or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization;
- ii. National certification by the National Commission on Certification of Physician Assistants; AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

The primary care practice areas for PAs are adult, family, pediatric, psychiatry, mental health, geriatrics, and women's health.

(2) Primary Nursing Care

a. *Primary Care Certified Nurse Practitioners (NPs)* must have:

- i. A master's degree, post master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in one of the primary care NP specialties listed below;
- ii. National certification by the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation; AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

The primary care specialties for NPs are adult, family, pediatric, psychiatric, mental health, geriatrics, and women's health.

b. *Certified Nurse-Midwives (CNMs)* must have:

- i. A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM);
- ii. National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council); AND

- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

(3) Primary Care Dentistry

a. *General Dentists* must have:

- i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA) AND
- ii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

b. *Pediatric Dentists* must have:

- i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA);
- ii. Completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA, CODA; AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

c. *Registered Dental Hygienists (RDHs)* must have:

- i. Graduated from a 4-year program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA), with a bachelor's degree in dental hygiene
-OR-
Graduated from a 2-year dental hygiene training program accredited by the ADA, CODA with a diploma, certificate or associate degree AND have at least one year of experience as a licensed dental hygienist;
- ii. Successfully passed the National Board Dental Hygiene Examination; AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

(4) Primary Care Behavioral and Mental Health

The NHSC recognizes that States have varying educational, experience and testing requirements for the licensing of behavioral and mental health clinicians. The NHSC adheres to the national certification and licensing standards detailed below to assure that its clinicians have the ability to obtain licensure in multiple States throughout the country as community needs dictate or arise.

a. *Psychiatrists* must:

- i. Meet the qualifications for physicians (see Allopathic (MD) or Osteopathic (DO) Physicians [(1)a] above); AND
- ii. Serve exclusively in mental health HPSAs.

- b. *Health Service Psychologists (HSP)* (Clinical and Counseling Psychologists) must have:
- i. A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation;
 - ii. A minimum of one year of post-graduate supervised clinical experience;
 - iii. Successfully passed the Examination for Professional Practice of Psychology (EPPP);
 - iv. The ability to practice independently and unsupervised as a health service psychologist; AND
 - v. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

HSPs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP, so long as they meet all other requirements listed above.

- c. *Licensed Clinical Social Workers (LCSWs)* must have:
- i. A master's degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by the U.S. Department of Education nationally recognized accrediting body;
 - ii. Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998;
-OR-
Successfully passed the California Board of Behavioral Sciences LCSW Standard Written Examination and Written Clinical Vignette Examination;
 - iii. The ability to practice independently and unsupervised as a licensed clinical social worker; AND
 - iv. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice, at the level of licensure that allows them to practice independently and unsupervised as a Clinical Social Worker, from the State in which they intend to practice under the NHSC LRP.
- d. *Psychiatric Nurse Specialists (PNSs)* must have:
- i. A master's degree or higher degree in nursing from a program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing
-OR-
A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE;
 - ii. Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing AND

- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice as a Registered Nurse (or PNS, if applicable) in the State in which they intend to practice under the NHSC LRP.

e. *Marriage and Family Therapists (MFTs)* must:

- i. Have completed a master's or doctoral program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy;
- ii. Have at least 2 years of post-graduate supervised clinical experience as an MFT
-OR-
Be clinical members of the American Association for Marriage and Family Therapy (AAMFT); AND
- iii. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an MFT in the State in which they intend to practice under the NHSC LRP
-OR-
If such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an MFT in a State.

f. *Licensed Professional Counselors (LPCs)* must:

- i. Have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency;
- ii. Have at least 2 years of post-graduate supervised counseling experience;
- iii. Be certified as a National Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) by the National Board for Certified Counselors; AND
- iv. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an LPC in the State in which they intend to practice under the NHSC LRP
-OR-
If such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a State.

LPCs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP. Career LPCs are not eligible to participate in the NHSC LRP.

Providers of Geriatric Services: Clinicians who meet the above education, training and licensure requirements for their discipline and specialty may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

NHSC LRP applicants must have accepted a position at an NHSC-approved service site.

In order to qualify for the NHSC LRP, the applicant must either: 1) be working at an NHSC-approved service site or 2) have accepted an offer of employment at an NHSC-approved service site and will commence employment at that site within 60 days of the submission of his/her NHSC LRP application. For more information, see “Finding a Site.”

NHSC LRP applicants must have qualifying educational loans.

(1) Qualifying Educational Loans

- a. An NHSC LRP participant will receive loan repayment funding to be applied to the principal, interest, and related expenses of outstanding Government (Federal, State, or local) and commercial loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses.
- b. The educational loans must be obtained prior to the date the participant submits his/her online application to the NHSC LRP.
- c. If an NHSC participant obtains additional educational loans toward another health professions degree (after submission of his/her initial application) and subsequently reapplies to participate in the NHSC LRP in his/her new health profession, the qualifying educational loans incurred subsequent to the initial application submission may be repaid.

(2) Consolidated/Refinanced Loans

- a. The consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and must include only qualifying educational loans of the applicant.
- b. If an otherwise eligible educational loan of the applicant's is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.
- c. For eligible loans to remain eligible for NHSC loan repayment, applicants/participants must keep their eligible educational loans segregated from all other debts.
- d. Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

(3) What types of loans do not qualify for repayment?

- a. Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- b. Loans not obtained from a Government entity or commercial lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
- c. Loans that have been repaid in full.
- d. PLUS Loans (made to parents).
- e. Personal lines of credit.
- f. Residency relocation loans.
- g. Credit Cards

Documentation of loans will be required. Qualifying educational loans must have documentation to establish that they were contemporaneous with the education received. Loan documentation will be verified by contacting lenders/holders and checking the applicant's credit report.

How does the NHSC determine which participants will receive loan repayment?

Eligible applicants are encouraged to apply early. Processing of applications will be conducted continuously until September 2011. To the extent that the available funds exceed the number of qualified applicants, all qualified applicants will be funded. If there are more qualified applicants than available funding, the following funding preferences will be applied:

- (1) Disadvantaged Background** (see Definitions). Applicants with documented disadvantaged background will be funded regardless of HPSA score. The applicant must submit certification from a school that he or she: (i) was identified as having a "disadvantaged background" based on environmental and/or economic factors or (ii) received a federal Exceptional Financial Need Scholarship.
- (2) Characteristics Likely to Remain in HPSAs.** The NHSC will also give funding preference to applicants who display characteristics that indicate a higher likelihood of continuing to serve in a HPSA once the service obligation is completed.

In addition, consideration is given to community need, as determined by HPSA designation scores. These scores are indicated on the NHSC Job Opportunities List – the higher the score, the greater the need.

What is the process once my application is approved?

Please note that only the Secretary or his/her designee can make an NHSC LRP contract award. An NHSC LRP award cannot be guaranteed by a site, Primary Care Office, Primary Care Association, or any other person or entity.

If your application is approved, the NHSC will notify you that you have been selected to receive an LRP award and send you an NHSC LRP contract to sign and return. At the same time, you will also be asked to furnish your banking information to facilitate the electronic funds transfer of the award funds. Payments are disbursed in the form of a lump sum payment and will be electronically issued to participants approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this Guidance, the payment will be calculated to include interest incurred during the period between the contract start date and the disbursement of funds.

An applicant's signature alone on the NHSC LRP contract document does not constitute a contractual agreement. The NHSC LRP contract becomes effective on the date it is countersigned by the Secretary or his/her designee. An applicant may withdraw his/her application anytime **before** a contract is countersigned by the Secretary or his/her designee. After a contract has taken effect, the Secretary or his/her designee may terminate the contract under the circumstances set forth below (see "Is there any instance where the LRP contract may be terminated?").

Once a contract is in place, the NHSC LRP participant is expected to attend the NHSC Awardee Conference. Conference participants will be provided: (1) assistance in successfully completing their NHSC LRP service commitment and (2) practical resources and tools to make service to the underserved

a fulfilling experience. An individual may not register for a conference unless notified, in writing, that he or she has been awarded an NHSC LRP contract. Participants will be notified by mail and/or email of upcoming conference and Internet-based training sessions. Conference dates will also be posted on the NHSC web site.

The NHSC will cover the cost of travel, lodging, ground transportation, and meal and incidental expenses during the conference. If a participant is unable to attend a face-to-face conference, he or she will be expected to participate in an Internet-based training session.

Is there any instance where the NHSC LRP contract may be terminated?

The Secretary may terminate an awarded NHSC LRP contract if, no later than 45 days before the end of the fiscal year (i.e., August 17, 2011), the BCRS has received from the participant:

- (1) A written and signed request to terminate that contract; and
- (2) Repayment of all amounts of loan repayments paid to, or on behalf of, the participant under that contract.

The check should be payable to the "DHHS Collections Officer." Both the request and the check should be mailed to:

NHSC LRP
5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857
nhscrlp@hrsa.gov

What if my contact information changes?

Applicants and participants must provide the NHSC with written notification of any changes in their contact information (name change, email, mailing address, or telephone number) no later than 2 weeks after the change occurs. A change of address form is available at:

<http://nhsc.hrsa.gov/loanrepayment/changeaddress.pdf>. The form should be submitted by faxing it to: (301) 451-5268.

The NHSC LRP frequently corresponds with applicants by email. Please check email during the application process for correspondence from our office and make certain to disable SPAM blockers (or check your SPAM folder).

FINDING A SITE

What sites are eligible for the NHSC LRP?

NHSC-approved service sites (see Definitions) are healthcare facilities that provide outpatient primary health services to populations residing in urban or rural HPSAs. Examples include Federally Qualified Health Centers (FQHCs) (see Definitions), Rural Health Clinics (RHCs) (see Definitions), Federal Indian Health Service Clinics, Federal or State prisons, solo or group practices, Public Health Departments, and Hospital-affiliated outpatient primary care practices.

The following are not eligible NHSC service sites, even if they are located in a HPSA: county/local prisons, inpatient hospitals, and other inpatient facilities.

Is there a limit to how many LRP participants can serve at any one site?

Yes. NHSC-approved service sites may have several vacancies per discipline category posted on the NHSC Job Opportunities List; however, the NHSC places limitations on each of the approved sites by discipline categories. From October 2010 through September 2011, the number of new NHSC placements through LRP allowed at any one site is limited to the following:

HPSA Score	Discipline Category		
	<i>Primary Health Care</i>	<i>Primary Care Dentistry</i>	<i>Behavioral and Mental Health</i>
14-26	No more than: <ul style="list-style-type: none">• 18 MD or DO physicians;• A combined total of 18 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none">• 18 Dentists;• 18 RDHs.	No more than: <ul style="list-style-type: none">• 18 Psychiatrists (MD or DO);• A combined total of 18 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
10-13	No more than: <ul style="list-style-type: none">• 15 MD or DO physicians;• A combined total of 15 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none">• 15 Dentists;• 15 RDHs.	No more than: <ul style="list-style-type: none">• 15 Psychiatrists (MD or DO);• A combined total of 15 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
0-9	No more than: <ul style="list-style-type: none">• 12 MD or DO physicians;• A combined total of 12 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none">• 12 Dentists;• 12 RDHs.	No more than: <ul style="list-style-type: none">• 12 Psychiatrists (MD or DO);• A combined total of 12 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.

If the number of qualified applicants at an NHSC-approved site exceeds the number of awards allowed per site, the loan repayment awards will be offered to applicants in the order in which the clinicians are determined to be qualified based on their completed applications.

Where do I find a job that qualifies?

- (1) **NHSC-Approved Service Sites.** The NHSC Job Opportunities List (http://nhscjobs.hrsa.gov/Search_HPOL.aspx) contains a searchable database of vacant positions at NHSC-approved service sites. NHSC LRP applicants are eligible to compete for all Scholarship and Loan Repayment vacancies in their discipline/specialty and corresponding to the service option they've chosen (full-time or half-time). If interested in a position on the Job Opportunities List, you must contact the site directly to apply.

For a listing of all current NHSC-approved service sites (with or without vacancies), see the HRSA Geospatial Data Warehouse (<http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=NHSCAppSiteList&rptFormat=HTML3.2>). Applicants may contact any NHSC-approved service site on this list regarding possible vacancies in their particular discipline/specialty.

- (2) **Sites Located in HPSAs, but not NHSC-approved Service Sites.** If an applicant is interested in serving at a site located in a HPSA (<http://hpsafind.hrsa.gov>) that is not an NHSC-approved service site, that site needs to submit the NHSC Site Application, including vacancies for which it

is requesting the assignment of NHSC providers. If the Site Application is approved, the requested vacancies will be posted on the NHSC Job Opportunities List. More information about the Site Application and criteria for consideration can be found at <http://nhsc.hrsa.gov/communities/>.

Solo or group practice sites wishing to be NHSC-approved service sites will be subject to additional review and be required to submit documentation in addition to the Site Application. Documentation includes, but is not limited to, proof of financial viability, proof of malpractice coverage, and a copy of the practice's business plan. The NHSC will determine whether a site visit is necessary prior to approval of a site. The Site Application must be approved before the clinician is eligible to apply to the NHSC LRP.

Please remember that before you apply for an NHSC LRP award, you must be working, or will commence working within 60 days of submitting your application, at an NHSC-approved service site. Therefore, if the site that you are interested in is not already approved by the NHSC, the steps outlined above will need to be completed before you can submit an application to the NHSC LRP.

If you will be working at more than one site (e.g., several satellite clinics), each site must be an NHSC-approved service site. You will be asked to list all locations where you are/will be working on the Employment Verification Form (EVF).

If an applicant seeks employment at a service site that does not have a HPSA designation, the facility may apply for designation at: <http://bhpr.hrsa.gov/shortage/hpsapply.htm>. For further assistance regarding site or HPSA issues, please contact your State Primary Care Office (PCO) or Primary Care Association (PCA) at <http://bhpr.hrsa.gov/shortage/pcos.htm> or <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>.

Does the NHSC pay my salary?

No. NHSC LRP participants will be employees or independent contractors of the NHSC-approved sites and will receive a salary and benefits from the service site, or be self-employed. Employment contract negotiations are solely the responsibility of the NHSC LRP applicant and are between the clinician and the service site. Further, the service site cannot guarantee an NHSC LRP contract award; therefore, NHSC loan repayments must not be part of salary negotiations between clinicians and service sites. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

It is important to remember that your service contract with the NHSC LRP is separate and independent from your employment contract. With regard to work hours, please note that the NHSC LRP requires a participant to work a specified minimum number of hours (defined below). If your employment contract stipulates fewer hours (and your salary is based on those hours), you are still required to meet the NHSC LRP service obligation requirements, and your site administrator must verify your paid and unpaid work hours every six months during your period of obligated service.

SERVICE REQUIREMENTS

What are the service requirements?

Full-time participants must agree to provide two (2) years of full-time clinical practice (defined below) at one or more NHSC-approved service sites.

Half-time participants must agree to either provide four (4) years of half-time clinical practice (defined below) at one or more sites approved by the NHSC (to receive up to \$60,000) or 2 years of half-time clinical practice at one or more sites (to receive up to \$30,000).

What are the requirements for full-time or half-time clinical practice?

Every participant is required to engage in the clinical practice of the profession for which he or she applied and was awarded an NHSC LRP contract, at his or her NHSC-approved service site(s).

- (1) **Full-time clinical practice** is defined, for the purposes of the NHSC LRP, as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service requirement.
 - a. For all health professionals, except as noted in (b) and (c):
 - i. At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining eight (8) hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a Teaching Health Center. Teaching activities in a Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.
 - b. For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists:
 - i. At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining 19 hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.

- iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
- iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a Teaching Health Center. Teaching activities in a Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.
- c. For mental and behavioral health providers:
 - i. At least 21 of the minimum 40 hours per week must be spent providing direct patient care (patient counseling) or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining 19 hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a Teaching Health Center. Teaching activities in a Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.

FULL-TIME PARTICIPANTS ONLY: The NHSC LRP will now provide service credit to full-time clinicians who teach in a clinical setting. Full-Time clinicians may count up to 8 hours per week teaching at their NHSC-approved service site(s) as part of their total 40 hours per week. If clinicians are teaching in a HRSA-approved Teaching Health Center, they are eligible to count up to 20 hours per week teaching at their NHSC-approved service site(s) as part of their total 40 hours per week.

- (2) **Half-time clinical practice** is defined, for the purposes of the NHSC LRP, as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than 2 work days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant's half-time status (and will not entitle the clinician to full-time service credit). Also, time spent "on call" will not count towards the service requirement.

- a. For all health professionals, except as noted in (b) and (c):
 - i. At least 16 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining 4 hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as

- directed by the approved service site(s), or performing practice-related administrative activities.
- iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.
- b. For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists:
 - i. At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining nine (9) hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.
- c. For behavioral and mental health providers:
 - i. At least 11 of the minimum 20 hours per week must be spent providing direct patient care (patient counseling) in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Practice Agreement, during normally scheduled office hours.
 - ii. The remaining nine (9) hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.

Administrative or other non-clinical activities include research, attending staff meetings, court appearances, and other non-treatment related activities pertaining to the participant's approved NHSC practice.

Absences

Please note that the information provided below pertains to compliance with the NHSC LRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

- (1) Full-time participants are allowed to spend no more than 35 full-time workdays (280 work hours) per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 35 half-time workdays (140 work hours) per service year away from their site for vacation, holidays, continuing professional education, illness, or any other reason.
- (3) If a participant works more than the minimum number of hours per week (40 for full-time, 20 for half-time), the only time spent away from the site that will need to be reported (see below "Service Verification") and deducted from the allowed absences per service year (set forth above) are the hours of absence that cause a participant's work hours to fall below the required

minimum number of hours per week. For example, a half-time participant whose work schedule is 32 hours per week would not need to report 8 hours of sick leave taken, because the participant has still met the requirement of a minimum of 20 hours per week.

For absences greater than the maximum allowed per service year, the participant must request a suspension of the NHSC service obligation. BCRS cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly.

Service Verification

Every NHSC LRP participant must submit a service verification form for each six (6) months of service. The forms must be completed and signed by the participant and an appropriate official at the NHSC-approved service site. By signing this form, the site will be certifying the participant's compliance or noncompliance with the applicable clinical practice requirement during that 6-month period. The form will also record the time spent away from the service site (i.e., the total number of hours during the 6-month period that the participant fell below the minimum service requirement).

Participants who fail to complete and submit their 6-month service verification forms on time may jeopardize receiving service credit and future continuation awards and may also be recommended for default. The form will be provided to you electronically and should be faxed back to 1-800-718-2539. Any participant who does not receive a 6-month verification form should immediately contact the NHSC at 1-877-313-1823 or (301) 446-1630.

Can I convert from full-time to half-time status?

Yes, if the following conditions are met:

- (1) Your NHSC-approved service site agrees in writing that you may convert to half-time clinical practice (as defined by the NHSC LRP above);
- (2) You are a Federal employee or a Private Practice Assignee (see "What are the different practice agreements?" below). The half-time service option is not authorized for PPO practitioners; and
- (3) You agree in writing (by signing an amendment to your NHSC LRP full-time contract) to complete your remaining service obligation through half-time clinical practice for twice as long as your full-time commitment.

If you are approved to convert to half-time status, your service obligation end date and your allowable leave will be adjusted accordingly.

Can I convert from half-time to full-time status?

Yes, if the following conditions are met:

- (1) You have completed your initial 2-year or 4-year (as applicable) half-time service contract and any continuation contract. Participants will not be allowed to switch from half-time to full-time status within a service contract period (e.g., 6 months into a 2-year half-time contract);
- (2) Your NHSC-approved service site agrees in writing that you will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (3) You sign a new NHSC LRP contract, agreeing to perform one year of full-time clinical practice at your NHSC-approved service site.

If you are approved to convert to full-time status, you will receive a new service obligation end date.

What are the different practice agreements?

Federal Assignment Agreement (FAA). Under an FAA, an NHSC LRP participant is a Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps and will typically be working at a Federal site (e.g., the Federal Bureau of Prisons). This assignment option is available to both full- and half-time participants, as permitted by Federal personnel regulations.

Private Practice Assignment (PPA) Agreement. Under a PPA, an NHSC LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which he or she is assigned. In addition, the participant receives salary and benefits at least equal to what he or she would have received as a civilian employee of the U.S. Government and is provided malpractice insurance, including tail coverage (either commercial or through the Federal Tort Claims Act) by the NHSC-approved service site. This assignment option is available to both full- and half-time participants.

Private Practice Option (PPO) Agreement. Under the PPO, an NHSC LRP participant may be (a) self-employed – i.e., a solo practitioner; (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of a public or private entity who is not receiving salary and benefits at least equal to what he/she would earn as a Federal Civil Servant. After NHSC approval of the participant's PPO Application, the participant must enter into a PPO Agreement requiring, among other things, the submission of NHSC reports and documents relating to the conduct of the NHSC-approved practice. A sample PPO Agreement is available at: http://nhsc.hrsa.gov/loanrepayment/ppo_sample.pdf. The PPO service option is open only to full-time participants.

NOTE: All of the above practice agreements require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children's Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient's ability to pay. See definition of NHSC-approved service site.

If you are...	and your salary and malpractice/tail coverage are...	you will serve under a:
A Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment Agreement (FAA)
NOT a Federal employee but you are an employee of an eligible HPSA site	<i>at least equal to</i> what you would earn as a civilian employee of the U.S. Government	Private Practice Assignment (PPA) Agreement
NOT a Federal employee but you are an employee of an eligible HPSA site	LESS THAN what you would earn as a civilian employee of the U.S. Government	Private Practice Option (PPO) Agreement
NOT a Federal employee but a contractor to an eligible HPSA site, or a member of a group practice in an eligible HPSA site, or a solo practitioner in an eligible HPSA site	whatever income you earn or generate; whatever malpractice coverage you purchase or receive	PPO Agreement

When does the service obligation begin?

The NHSC LRP contract becomes effective on the date it is countersigned by the Secretary or his/her designee. Service credit will commence upon the effective date of the contract or the date service begins, whichever is later. The participant's Practice Agreement will note the beginning and ending dates of the service obligation. Participants will **not** receive service credit for any employment at an NHSC-approved site prior to the effective date of their NHSC LRP contract.

CHANGING JOBS**Can I leave my NHSC-approved service site prior to completion of service?**

The NHSC expects that a participant will fulfill his or her obligation at the NHSC-approved service site(s) identified in his/her Practice Agreement; however, the NHSC does understand that circumstances may arise that require a participant to leave the initial service site and complete service at another NHSC-approved service site. If a participant feels he or she can no longer continue working at the approved service site, the participant should contact the NHSC immediately. If the participant leaves his/her NHSC-approved site(s) without prior written approval of the NHSC, he/she may be placed in default. In addition, participants who leave their initial site and accept employment at a site not approved by the NHSC may be placed in default.

How do I request a transfer to another NHSC-approved service site?

If a participant needs a transfer to another site, the participant must notify the Bureau of Clinician Recruitment and Service (BCRS), in writing, before leaving the initial service site, and indicate the issues or concerns prompting the transfer request.

Contact Information:**Transfer Requests**

Bureau of Clinician Recruitment and Service
5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857
1-800-221-9393 (TTY: 1-877-897-9910)
Fax: (301) 451-5384

Before approving a transfer, the BCRS will contact the site(s) regarding the transfer request. If a transfer is warranted, the BCRS will then work with the participant to identify a suitable transfer site that meets the needs of the NHSC. It is important to note that the BCRS is responsible for providing the final approval of all transfers. *Note: Participants who voluntarily resign from their sites without prior approval of the BCRS or are terminated by their site(s) for cause may not receive a transfer to another site and will be placed in default.*

What if my site wants me to work at an unapproved satellite clinic?

If a site asks a participant to work at a satellite clinic that is not listed on his or her EVF/Practice Agreement, the participant should notify the BCRS. Generally, time spent at unapproved satellite clinics will not count towards the service obligation. The BCRS will work with the clinician and site to make accommodations; however, the clinic **must** be located in a HPSA.

BREACHING THE NHSC LRP CONTRACT

What if I breach my NHSC LRP contract?

The NHSC encourages participants to immediately contact the BCRS if a situation arises in which a participant is potentially unable to fulfill his/her service obligation. The BCRS will work with participants to assist them to the extent possible to avoid a breach and fulfill the service obligation. A participant who breaches the NHSC LRP contract by failing, for any reason, to begin or complete the required NHSC LRP service obligation will be placed in default and become liable to pay the United States statutory damages as set forth below.

A participant who breaches a commitment to serve in a full-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$7,500 multiplied by the number of months of obligated service not completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

A participant who breaches a commitment to serve in a half-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$3,750 multiplied by the number of months of obligated service not completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

Exception: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time will not be less than \$31,000.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the debt by the due date has the following consequences:

- (1) The debt will be reported to credit reporting agencies. During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
- (2) The debt may be referred to a debt collection agency and the Department of Justice. Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) Administrative Offset. Federal or State payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are Federal employees may have their salary garnished to pay a delinquent NHSC LRP debt.

- (4) Licensure Sanctions. In some States, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter's professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.
- (5) Bankruptcy. A financial obligation under the NHSC LRP may be discharged in bankruptcy only if the discharge is granted more than seven years after the debt becomes due and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a 2-year NHSC LRP full-time service contract effective November 15, 2010. Her service end date is November 14, 2012. She received \$60,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on January 31, 2012. The NHSC determines that she defaulted on her LRP contract on February 1, 2012, and served 443 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$23,638.85 for the loan repayments received for obligated service not completed ($288/731 \times \$60,000$) and (2) \$75,000 for the months of service not completed ($\$7,500 \times 10$). Her total LRP debt of \$98,638.85 will begin accruing interest at the maximum legal prevailing rate as of her default date (February 1, 2012), and is due to be paid in full on January 31, 2013.

Scenario 2: Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective November 15, 2010. Her service end date is November 14, 2012. She received \$30,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on July 31, 2012. The NHSC determines that she defaulted on her LRP contract on August 1, 2012, and served 625 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States in the amount of \$31,000, since the loan repayments she received for obligated service not completed ($106/731 \times \$30,000 = \$4,350.20$) and the amount owed for the months of service she did not complete ($\$3,750 \times 4 = \$15,000$) total less than \$31,000. Her total LRP debt of \$31,000 will begin accruing interest at the maximum legal prevailing rate as of her default date (August 1, 2012), and is due to be paid in full on July 31, 2013.

Scenario 3: Same as scenario 2 above, except that Dr. Smith entered into a 4-year (1,461-day) NHSC LRP half-time service contract with a service end date of November 14, 2014, and received \$60,000 in LRP financial support to apply toward her qualifying educational loans.

Dr. Smith is liable to the United States for: (1) \$34,332.65 for the loan repayments received for obligated service not completed ($836/1,461 \times \$60,000$) and (2) \$105,000 for 28 months of service not completed ($\$3,750 \times 28$). Her total LRP debt of \$139,332.65 will begin accruing interest at the maximum legal prevailing rate as of her default date (August 1, 2012), and is due to be paid in full on July 31, 2013.

SUSPENSION, WAIVER, AND CANCELLATION

What should I do if I feel I cannot continue my service or payment obligation?

The Secretary of Health and Human Services may, under certain circumstances, suspend (put "on hold") or waive (excuse) the NHSC LRP service or payment obligation. Suspension and waiver requests are

reviewed and processed by the Office of Legal and Compliance (OLC). A request for a suspension or waiver must be submitted in writing to:

Suspension and Waiver Requests
Bureau of Clinician Recruitment and Service
5600 Fishers Lane, Room 8A-19, Rockville, Maryland 20857
1-800-221-9393 (TTY: 1-877-897-9910)
Fax: (301) 451-5384

- (1) Suspension. This mechanism provides temporary relief to an NHSC LRP participant if he/she has short-term (not permanent) circumstances that currently make compliance with the obligation impossible or would involve an extreme hardship such that enforcement of the obligation would be unconscionable. Except as noted below, the LCO will respond to the participant's request. Periods of approved suspension will extend a participant's NHSC LRP service obligation end date.

All periods of time away from the NHSC-approved service site should be documented by the participant on the six-month service verification form. If the total time away from the site, including the period of suspension, exceeds approximately 35 workdays (285 work hours for full-time participants; 142 work hours for half-time participants), the service obligation end date will be extended accordingly.

The major categories of service suspensions are set forth below.

- a. Leave of Absence for Medical or Personal Reasons – A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal illness of an immediate family member, which results in the participant's temporary inability to perform the NHSC LRP obligation. Upon receipt of the written suspension request, the OLC will mail the participant instructions for submitting supporting documentation.
 - b. Maternity/Paternity/Adoption Leave – Participants must notify the BCRS of pending maternity/paternity/adoption leave and provide appropriate documentation. Maternity/paternity/adoption leave of 12 weeks or less will be automatically approved, if properly documented. If the participant's maternity/paternity/adoption leave will exceed 12 weeks during that service year, a suspension may be granted by the OLC based on documented medical need.
 - c. Call to Active Duty in the Armed Forces – Participants who are also military reservists and are called to active duty will be granted a suspension, for up to one year, beginning on the activation date described in the reservist's call to active duty order. In addition to the written request for a suspension, a copy of the order to active duty must be submitted to BCRS. The suspension will be extended if the applicable Armed Forces entity continues the period of active duty. The period of active military duty will not be credited toward the NHSC service obligation.
- (2) Waiver. A waiver permanently relieves the participant of all or part of the NHSC LRP obligation. A waiver will be granted only if the participant demonstrates that compliance with his/her obligation is permanently (a) impossible or (b) would involve an extreme hardship such that enforcement of the obligation would be unconscionable. A request must be submitted in writing to BCRS and must specify the reason(s) the waiver is being sought. The participant will be

contacted directly by the OLC regarding the medical and financial documentation necessary to process the waiver request. Please note that waivers are not routinely granted, and require a showing of compelling circumstances.

What if I should die before completing my obligation?

In that unfortunate event, your obligation will be cancelled in its entirety. No liability will be transferred to your heirs.

Additional Materials

RESOURCES FOR APPLICANTS

NHSC Approved Sites

All currently approved NHSC service sites are listed here. Sites are listed by State, and under the “Quick Access Reports” choose “NHSC Approved Sites List.” Listed sites may or may not have current job opportunities eligible for NHSC participants.

- <http://datawarehouse.hrsa.gov/nhscdetail.aspx>

NHSC Job Opportunities List

The NHSC Job Opportunities List contains a searchable database of vacant positions at NHSC-approved sites.

- <http://nhscjobs.hrsa.gov>

HPSA Find

All NHSC participants must serve in a health professional shortage area.

- <http://hpsafind.hrsa.gov>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Need Help

Any individual with questions about the NHSC LRP may contact the Call Center Monday through Friday (except Federal holidays), 9:00am to 5:30pm ET.

- CallCenter@hrsa.gov
- 1-800-221-9393
- TTY – 1-877-897-9910

DEFINITIONS

Bureau of Clinician Recruitment and Service (BCRS) – The bureau within HRSA that administers the NHSC LRP.

Commercial Loans – Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Continuation Contract – A continuation contract is an optional 1-year extension of an NHSC LRP contract. The award level is dependent on the service status (i.e., half- or full-time clinical practice) and the particular year of additional support. NHSC LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed. An LRP participant cannot be guaranteed a continuation contract.

Default of payment obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of service obligation – Failure for any reason to begin or complete a contractual service commitment.

Disadvantaged Background – Refers to individuals who have been identified by their schools as having come from a “disadvantaged background” based on environmental and/or economic factors. “Environmental factors” means comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. “Economic factors” means comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program.

Exceptional Financial Need (EFN) – Refers to individuals who have been awarded an Exceptional Financial Need scholarship (Physicians and Dentists).

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid Federal debt (e.g., a Federal student loan or Federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a Federal judgment lien.

Federally-Qualified Health Centers (FQHC) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

Fiscal Year (FY) – The Federal FY is defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, please see the Program Overview, “Service Requirements.”

Government Loans – Government loans are loans made by Federal, State, and county or city agencies authorized by law to make such loans.

Half-Time Clinical Practice – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, please see the Program Overview, “Service Requirements.”

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals.

HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA's Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department of Health and Human Services.

Holder – The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

Lender – The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

National Health Service Corps (NHSC) – "The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps Jobs Opportunities List (JOL) – An online list of approved NHSC vacancies at NHSC-approved service sites. Note: approved vacancies that are filled may not appear on the JOL.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps (NHSC)-Approved Service Site – Each community site must submit an NHSC Site Application to request approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated Health Professional Shortage Area (HPSA); Provide comprehensive primary medical care, mental and behavioral health and/or dental services; Provide ambulatory services (no inpatient sites); Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and the Children's Health Insurance Program (CHIP), as applicable; Not discriminate in the provision of services based on an individual's inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician's salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing

process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Qualifying Educational Loans – Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his or her submission of an application to participate in the NHSC LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible for repayment.

Reasonable Educational Expenses – Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses – Reasonable living expenses are the costs of room and board, transportation and commuting costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Rural Health Clinics – A Rural Health Clinic (RHC) is a facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to furnish patient care services not less than 50 percent of the time the clinic operates.

State – As used in this *Guidance*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Teaching Health Center – A Teaching Health Center (THC) is an entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care residency program (i.e., an approved graduate medical residency training program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric

dentistry, or geriatrics). THCs may be located in FQHCs; community mental health centers; RHCs; health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization; and Title X family planning programs.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).

Unencumbered License – An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the State licensing or registering authority as the result of disciplinary action.